## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<u> </u>		
O.I.P.E. CLASSIFIER		1	12-22-00
FORMALITY REVIEW	Tequest	925	011 09 01
RESPONSE FORMALITY REVIEW	J	,	1

## INDEX OF CLAIMS

V	Rejected	N	Non-elected
	Allowed	1	Interlerence
_	(Through numeral) Canceled	Α	Арреаі
÷	Restricted	0	Objected

24		·
Claim ( ) C tale	Claim Date	Claim Date
Final Dipples		
Email & Driginal	Office	Original
10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Origin	Origin
	51	101
#	52	102
	53	103
	54-1-1-1-1-1-1	104
	55	105
	56	106
77 -	57	107
	58	108
	59	109
1.00	60	110
	61	111
12 1 - 7 - 7 - 7	62	112
13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	63	113
	64	BEST
	85	
	66	116
	67	1117
	Ge	118
	69	119
	70	120
		121
	72	121
	73	123
	173	124
1 1251 /1 / / / / / / / / / / / / / / / / /	75	125
[20]	76	126
		127
38	76	128
(23)	79	129
30	80	130
31	81	131
32	82	132
33	63	133
34	84	134
35	85	135
36	88	136
37	97	137
38	68	h3.e
29 0	89	138
40	90	140
41	91	141
42	92	
43	93	143
44	94	144
45	95	145
46	96	146
42	97	547
48	98	748
49 5	99	148
50	hod	150

AVAILABLE COPY

If more than 150 claims or 10 actions staple additional sheet here

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